

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		1/24/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	129916	5-1-00
FORMALITY REVIEW			6/26/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	X	X	7.8.00
2	X	X	4.2.01
3	X	X	12.4.01
4	X	X	3.28.02
5	X	X	8.23.02
6	X	X	7.6.03
7	X	X	1.4.04
8	X	X	6.17.04
9	X	X	
10	X	X	
11	X	X	
12	X	X	
13	X	X	
14	X	X	
15	X	X	
16	X	X	
17	X	X	
18	X	X	
19	X	X	
20	X	X	
21	X	X	
22	X	X	
23	X	X	
24	X	X	
25	X	X	
26	X	X	
27	X	X	
28	X	X	
29	X	X	
30	X	X	
31	X	X	
32	X	X	
33	X	X	
34	X	X	
35	X	X	
36	X	X	
37	X	X	
38	X	X	
39	X	X	
40	X	X	
41	X	X	
42	X	X	
43	X	X	
44	X	X	
45	X	X	
46	X	X	
47	X	X	
48	X	X	
49	X	X	
50	X	X	

Claim	Final	Original	Date
51	X	X	9.8.00
52	X	X	4.2.01
53	X	X	12.4.01
54	X	X	3.28.02
55	X	X	8.23.02
56	X	X	7.6.03
57	X	X	
58	X	X	
59	X	X	
60	X	X	
61	X	X	
62	X	X	
63	X	X	
64	X	X	
65	X	X	
66	X	X	
67	X	X	
68	X	X	
69	X	X	
70	X	X	
71	X	X	
72	X	X	
73	X	X	
74	X	X	
75	X	X	
76	X	X	
77	X	X	
78	X	X	
79	X	X	
80	X	X	
81	X	X	
82	X	X	
83	X	X	
84	X	X	
85	X	X	
86	X	X	
87	X	X	
88	X	X	
89	X	X	
90	X	X	
91	X	X	
92	X	X	
93	X	X	
94	X	X	
95	X	X	
96	X	X	
97	X	X	
98	X	X	
99	X	X	
100	X	X	

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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